

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28

OMB No. 1615-0105 Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative	Part 2. Eligibility Information for Attorney or Accredited Representative
1. USCIS Online Account Number (if any) 0 8 1 4 3 5 0 7 6 2 8 5 Name of Attorney or Accredited Representative 2.a. Family Name (Last Name) Osberg-Braun Linda Linda	Select all applicable items. 1.a.
2.c. Middle Name	Florida Supreme Court
Address of Attouson on Acondited Daniel	1.b. Bar Number (if applicable)
Address of Attorney or Accredited Representative 3.a. Street Number Lease Die	0827282
and Name 10800 Biscayne Boulevard 3.b. Apt. X Ste. Flr. 925 3.c. City or Town Miami	1.c. I (select only one box) \(\times \) am not \(\times \) am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.
3.d. State FL 3.e. ZIP Code 33161	1.d. Name of Law Firm or Organization (if applicable)
3.f. Province	OSBERG-BRAUN IMMIGRATION
3.g. Postal Code 3.h. Country United States	2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.
Contact Information City	2.b. Name of Recognized Organization
Contact Information of Attorney or Accredited Representative	
4. Daytime Telephone Number	2.c. Date of Accreditation (mm/dd/yyyy)
(305) 350-0707	
5. Mobile Telephone Number (if any)	3.
6. Email Address (if any) osberg@osberglaw.com	the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative
7. Fax Number (if any)	for a limited purpose is at his or her request. 4.a. I am a law student or law graduate working under the
(305) 895-0364	direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).
	4.b. Name of Law Student or Law Graduate

Pa Ac	rt 3. Notice of Appearance as Attorney or credited Representative	Client's Contact Information				
If yo	ou need extra space to complete this section, use the space rided in Part 6. Additional Information.	10. Daytime Telephone Number (786) 514-5101				
This	appearance relates to immigration matters before ect only one box):	11. Mobile Telephone Number (if any) (786) 514-5101				
1.a.	U.S. Citizenship and Immigration Services (USCIS)	12. Email Address (if any)				
I.b.	List the form numbers or specific matter in which appearance is entered.	marcelo.sarfaty@gmail.com				
2.a.	U.S. Immigration and Customs Enforcement (ICE)	Mailing Address of Client				
2.b.	List the specific matter in which appearance is entered.	NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on thapplication or petition being filed with this Form G-28.				
3.a. 3.b.	X U.S. Customs and Border Protection (CBP) List the specific matter in which appearance is entered.	S. Customs and Border Protection (CBP) 13.a. Street Number 19501 W. Country Club D.				
	All Immigration matters	13.b. X Apt. Ste. Flr. 1503				
4.	Receipt Number (if any)	13.c. City or Town Aventura				
5.	I enter my appearance as an attorney or accredited	13.d. State FL 13.e. ZIP Code 33180				
	representative at the request of the (select only one box): Applicant Petitioner Requestor	13.f. Province				
	Beneficiary/Derivative X Respondent (ICE, CBP)	13.g. Postal Code 13.h. Country				
Info Rea	ormation About Client (Applicant, Petitioner, uestor, Beneficiary or Derivative, Respondent,	United States				
or A	Authorized Signatory for an Entity)	Part 4 Client's Consent to Demonstrate				
6.a.	Family Name (Last Name) SARFATY	Part 4. Client's Consent to Representation and Signature				
6.b.	Given Name (First Name) Marcelo	Consent to Representation and Release of Information				
6.c.	Middle Name Daniel	I have requested the representation of and consented to being				
7.a.	Name of Entity (if applicable)	represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I				
7.b.	Title of Authorized Signatory for Entity (if applicable)	also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that				
8.	Client's USCIS Online Account Number (if any)	appear in any system of records of USCIS, ICE, or CBP.				
9.	Client's Alien Registration Number (A-Number) (if any) • A- 0 7 4 9 1 1 0 3 5					

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. X I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

M. Salfaty

2.b. Date of Signature (mm/dd/yyyy)

07/08/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

07/08/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

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Part 6. Additional Information	4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.	4.d.					
1.a Family Name (Last Name) 1.b. Given Name (First Name) Marcelo						
(First Name) 1.c. Middle Name Daniel						
2.a. Page Number 2.b. Part Number 2.c. Item Number	or 					
2.d.						
	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
	- 5.d.					
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3.d.	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
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